

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee
(Summary Page)

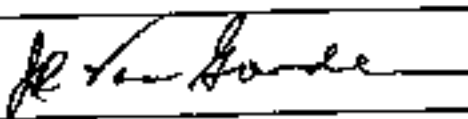
RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (In full) Erie Indemnity Company PAC - Federal		2. FEC IDENTIFICATION NUMBER 100-000153677
ADDRESS (number and street) 100 Erie Insurance Place	<input type="checkbox"/> Check if different than previously reported	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee (see FEC FORM 1M)
CITY, STATE and ZIP CODE Erie, PA 16530		

4. TYPE OF REPORT

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☐ Termination Report
- Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31
- ☐ Twelfth day report preceding election on _____ in the State of _____
☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07-01-99</u> through <u>12-31-99</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$4,516.66
(b) Cash on Hand at Beginning of Reporting Period	\$8,046.49	
(c) Total Receipts (from Line 19)	\$3,482.38	\$7,011.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$11,527.87	\$11,527.87
7. Total Disbursements (from Line 30)	\$9,100.00	\$9,100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$2,427.87	\$2,427.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		
Type or Print Name of Treasurer Jan R. Van Gorder		
Signature of Treasurer 		Date 1/25/00

Submission of false, erroneous, or incomplete information may subject signer to penalties of 2 U.S.C.437g.

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FEC FORM 3X

**DETAILED SUMMARY PAGE
of Receipts and Disbursements
Page 2, FEC FORM 3X**

NAME OF COMMITTEE Erie Indemnity Company PAC - Federal		REPORT COVERING PERIOD FROM 07-01-99 TO: 12-31-99	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (Use Schedule A)	\$3,457.84	\$6,986.68	11ai
ii. Unitemized	\$24.54	\$24.54	11aii
iii. Total	\$3,482.38	\$7,011.22	11aiii
(add i and ii) >	0	0	11(b)
b. Political Party Committees	0	0	11(c)
c. Other Political Committees (such as PACs)	0	0	11(c)
d. Total Contributions	\$3,482.38	\$7,011.22	11(d)
(add a iii, b and c) >	0	0	12
12. Transfers From Affiliated/Other Party Committees	0	0	13
13. All Loans Received	0	0	14
14. Loan Repayments Received	0	0	15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) ..	0	0	16
16. Refunds of Contributions Made	0	0	17
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	18
18. Transfers from Nonfederal Account for Joint Activity	0	0	19
19. Total Receipts	\$3,482.38	\$7,011.22	20
(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	\$3,482.38	\$7,011.22	
20. Total Federal Receipts			
(subtract line 18 from line 19) >			
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21ai
ii. Non-Federal Share	0	0	21aii
b. Other Federal Operating Expenditures	0	0	21(b)
c. Total Operating Expenditures	0	0	21(c)
(add a i, a ii, and b) >	0	0	22
22. Transfers to Affiliated/Other Party Committees	\$3,000.00	\$3,000.00	23
23. Contributions to Federal Candidates and Political Committees ..	0	0	24
24. Independent Expenditures (use Schedule E)	0	0	25
25. Coordinated Expenditures by Party Committees (Schedule F) ..	0	0	26
26. Loan Repayments Made	0	0	27
27. Loans Made	0	0	
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0	0	28a
b. Political Party Committees	0	0	28b
c. Other Political Committees (such as PACs)	0	0	28c
d. Total Contribution Refunds	0	0	28d
(add a, b and c) >	\$6,100.00	\$6,100.00	29
29. Other Disbursements	\$9,100.00	\$9,100.00	30
30. Total Disbursements	\$9,100.00	\$9,100.00	31
(21c+22+23+24+25+26+27+28d+29) >			
31. Total Federal Disbursements			
(subtract line 21aii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	\$3,482.38	\$7,011.22	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32) ..	\$3,482.38	\$7,011.22	34
35. Total Federal Operating Expenditures ..	0	0	35
(add 21 a i and 21 b) >	0	0	36
36. Offsets to Operating Expenditures (from line 15)	0	0	37
37. Net Operating Expenditures	0	0	
(subtract line 36 from 35) >			

SCHEDULE A

ITEMIZED RECEIPTS

PAGE 1 OF 4

Contributions from Individuals/Persons

FOR LINE NUMBER
11(a)(i)

Information copied from these Reports may not be sold or used for soliciting contributions or commercial purposes, other than using the name and address of a political committee to solicit contributions from it.

NAME OF COMMITTEE (in Full)

Erie Indemnity Company PAC - Federal

C00153577

A. Full Name, Mailing Address and ZIP Code Jonathan G. Alfred 900 Summers Street Parkersburg, WV 26101	Name of Employer Erie Insurance Group	Date 12-30-99	Amount this pd. \$68.12 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investigator	Year-to-Date > \$133.99	
B. Full Name, Mailing Address and ZIP Code Jay H. Beck 362 Federal Circle Delaware, OH 43015	Name of Employer Erie Insurance Group	Date 12-30-99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation District Sales Mgr.	Year-to-Date > \$142.83	Amount this pd. \$72.15 PAYROLL DEDUCTION
C. Full Name, Mailing Address and ZIP Code Kevin L. Bond 910 Yellow Lake Drive Fort Wayne, IN 46804	Name of Employer Erie Insurance Group	Date 12-30-99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Supervisor	Year-to-Date > \$151.70	
D. Full Name, Mailing Address and ZIP Code John J. Brinling Jr. 5591 Culpepper Drive Erie, PA 16506	Name of Employer Erie Insurance Group	Date 12-30-99	Amount this pd. \$750.10 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice Pres.	Year-to-Date > \$1,500.20	
E. Full Name, Mailing Address and ZIP Code Jeffrey W. Brinling 13190 Fern Avenue, N.W. Hartsville, OH 44632	Name of Employer Erie Insurance Group	Date 12-30-99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Branch Sales Manager	Year-to-Date > \$186.49	Amount this pd. \$93.73 PAYROLL DEDUCTION
F. Full Name, Mailing Address and ZIP Code Susan Burgess-Demarco 1843 Dorset Drive Roanoke, VA 24016	Name of Employer Erie Insurance Group	Date 12-30-99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Supervisor	Year-to-Date > \$138.06	
G. Full Name, Mailing Address and ZIP Code Joseph W. Gano 3098 Penrose Place Cincinnati, OH 45211	Name of Employer Erie Insurance Group	Date 12-30-99	Amount this pd. \$55.12 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Claims Administration	Year-to-Date > \$108.71	

SUBTOTAL of Receipts This Page (optional) >

\$1,186.08

TOTAL This Period (last page this line number only) >

SCHEDULE A

ITEMIZED RECEIPTS

PAGE 2 OF 4

Contributions from Individuals/Persons

FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

C00153577

A. Full Name, Mailing Address and ZIP Code Douglas N. Fitzgerald 2311 Wedgewood Way York, PA 17404 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group Occupation Regional Vice Pres. Year-to-Date > \$816.54	Date 12-30-99	Amount this pd. \$422.64 PAYROLL DEDUCTION
B. Full Name, Mailing Address and ZIP Code David C. Froelich 8019 Glendevan Street, N.W. Massillon, OH 44648 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group Occupation AVP & Claims Manager Year-to-Date > \$117.62	Date 12-30-99	Amount this pd. \$59.80 PAYROLL DEDUCTION
C. Full Name, Mailing Address and ZIP Code Terry L. Hamman 3020 Atoll Drive Lewis Center, OH 43035 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group Occupation Regional Vice Pres. Year-to-Date > \$554.34	Date 12-30-99	Amount this pd. \$337.53 PAYROLL DEDUCTION
D. Full Name, Mailing Address and ZIP Code Larry J. Hasbrouck 8330 Ironclad Drive Mechanicsville, VA 23111 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group Occupation Supervisor Year-to-Date > \$175.12	Date 12-30-99	Amount this pd. \$89.96 PAYROLL DEDUCTION
E. Full Name, Mailing Address and ZIP Code Edman E. Llewellyn Jr. Route 2, Box 474 Ridgeley, WV 26753 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group Occupation Claims Administration Year-to-Date > \$160.90	Date 12-30-99	Amount this pd. \$81.21 PAYROLL DEDUCTION
F. Full Name, Mailing Address and ZIP Code John Machmer 4673 East Main Street, #36 Whitehall, OH 43213 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group Occupation Supervisor Year-to-Date > \$249.68	Date 12-30-99	Amount this pd. \$127.14 PAYROLL DEDUCTION
G. Full Name, Mailing Address and ZIP Code Robert F. Morgan Jr. 1572 Buckshot Court Worthington, OH 43085 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Erie Insurance Group Occupation VP & Claims Manager Year-to-Date > \$246.79	Date 12-30-99	Amount this pd. \$131.90 PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional) >

\$1,250.18

TOTAL This Period (last page this line number only) >

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

PAGE 3 OF 4
FOR LINE NUMBER
11(a)(i)

Information copied from these Reports may not be sold or used for soliciting contributions or commercial purposes, other than using the name and address of a political committee to solicit contributions from it.

NAME OF COMMITTEE (in Full)

Erie Indemnity Company PAC - Federal

C00153577

A. Full Name, Mailing Address and ZIP Code Jerrold V. Murphy 1215-20 Street Vienna, WV 26105	Name of Employer Erie Insurance Group	Date 12-30-99	Amount this pd. \$271.70 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & Branch Manager		
B. Full Name, Mailing Address and ZIP Code Stacey E. Nicholson 1175 Bay Ridge Road Annapolis, MD 21403	Name of Employer Erie Insurance Group	Date 12-30-99	Amount this pd. \$185.08 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Branch Sales Manager		
C. Full Name, Mailing Address and ZIP Code Lee E. Oakes 7030 Birchbark Lane Mechanicsville, VA 23115	Name of Employer Erie Insurance Group	Date 12-30-99	Amount this pd. \$77.74 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mat Dam & Salv Spec		
D. Full Name, Mailing Address and ZIP Code Gerard J. Quinn 7 Whittier Heights Hagerstown, MD 21742	Name of Employer Erie Insurance Group	Date 12-30-99	Amount this pd. \$71.00 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Supervisor		
E. Full Name, Mailing Address and ZIP Code Neil S. Smith 3830 Gap Mountain Road 37745, TN 37745	Name of Employer Erie Insurance Group	Date 12-30-99	Amount this pd. \$75.05 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation District Sales Mgr.		
F. Full Name, Mailing Address and ZIP Code Randall L. Snow 6945 Brahma Road, S.W. Roanoke, VA 24018	Name of Employer Erie Insurance Group	Date 12-30-99	Amount this pd. \$58.02 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Litigation Spec.		
G. Full Name, Mailing Address and ZIP Code Leonard H., Jr. Teagle 13940 Sagebrook Road Midlothian, VA 23112	Name of Employer Erie Insurance Group	Date 09-27-99	Amount this pd. \$29.98 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Branch Sales Manager		

SUBTOTAL of Receipts This Page (optional) >

\$769.57

TOTAL This Period (last page this line number only) >

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

PAGE **4** OF **4**
FOR LINE NUMBER
11(a)(1)

Information copied from these Reports may not be sold or used for soliciting contributions or commercial purposes, other than using the name and address of a political committee to solicit contributions from it.

NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

C00153677

A. Full Name, Mailing Address and ZIP Code Wayne A. Willette 165 Prospect Hill Road Horseheads, NY 14845	Name of Employer Erie Insurance Group	Date 11-30-99	Amount this pd. \$76.92 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Claims Manager		
Year-to-Date > \$151.84			
B. Full Name, Mailing Address and ZIP Code Eric D. Root 82 Belleclair Drive Rochester, NY 14617	Name of Employer Erie Insurance Group	Date 12-30-99	Amount this pd. \$201.63 PAYROLL DEDUCTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Branch Manager		
Year-to-Date > \$392.97			
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date	Amount this pd.
Year-to-Date >			
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date	
Year-to-Date >			Amount this pd.
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date	
Year-to-Date >			
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date	Amount this pd.
Year-to-Date >			
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	Date	
Year-to-Date >			Amount this pd.
SUBTOTAL of Receipts This Page (optional) >			
TOTAL This Period (last page this line number only) >			
			\$277.55
			\$3,482.38

SCHEDULE B

ITEMIZED DISBURSEMENTS

PAGE 1 OF 1

Contributions to Federal Candidates

FOR LINE NUMBER
23

Information copied from these Reports may not be sold or used for soliciting contributions or commercial purposes, other than using the name and address of a political committee to solicit contributions from it.

NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

C00153677

A. Full Name, Address and ZIP Code Gov G W Bush Pres Exp Comm P.O. Box 789 Harrisburg, PA 17108-0759	Purpose of Disbursement Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	Date 07-23-99	Amount \$2,000.00
B. Full Name, Address and ZIP Code Phil English P.O. Box 1940 Erie, PA 16507-0940	Purpose of Disbursement Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other:	Date 12-06-99	Amount \$1,000.00
C. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
D. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
E. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
F. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
G. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
H. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
I. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount

SUBTOTAL of Disbursements This Page (optional) > \$3,000.00

TOTAL This Period (last page this line number only) > \$3,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

PAGE 1 OF 1

Other (Non-Federal) Disbursements

FOR LINE NUMBER
29

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NAME OF COMMITTEE (in Full)

Erie Indemnity Company PAC - Federal

C00153577

A. Full Name, Address and ZIP Code N.A.I.I.P.A.C. 444 N. Capitol St., NW, Ste. 501 Washington, DC 20001	Purpose of Disbursement Nonfederal Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date 08-18-99	Amount \$5,000.00
B. Full Name, Address and ZIP Code Jim Long Election Committee P.O. Box 10343 Raleigh, NC 27605	Purpose of Disbursement Nonfederal Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date 08-18-99	Amount \$100.00
C. Full Name, Address and ZIP Code Jonathan Large P.O. Box 687 Stuart, VA 24171	Purpose of Disbursement Nonfederal Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date 10-28-99	Amount \$1,000.00
D. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
E. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
F. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
G. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
H. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount
I. Full Name, Address and ZIP Code	Purpose of Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date	Amount

SUBTOTAL of Disbursements This Page (optional) > \$8,100.00

TOTAL This Period (last page this line number only) > \$8,100.00

SCHEDULE H1

METHOD OF ALLOCATION FOR SHARED FEDERAL
AND NON-FEDERAL ADMINISTRATIVE EXPENSES
AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

Erie Indemnity Company PAC - Federal

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (Check the appropriate line and enter % in box to right)

☐ PRESIDENTIAL YEAR (65%)☐ ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ MINIMUM FEDERAL PERCENTAGE (65%) (If checked, enter 65% in box to right) ...

OR

☐ FUNDS EXPENDED:

o ESTIMATED DIRECT CANDIDATE SUPPORT -- FEDERAL

o ESTIMATED DIRECT CANDIDATE SUPPORT -- NON-FEDERAL

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT -- FEDERAL

ACTUAL DIRECT CANDIDATE SUPPORT -- NON-FEDERAL

NOTE: Funds expended must be used if the Federal Proportion is greater than 65% in any year.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

o ESTIMATED DIRECT CANDIDATE SUPPORT -- FEDERAL

o ESTIMATED DIRECT CANDIDATE SUPPORT -- NON-FEDERAL

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT -- FEDERAL

ACTUAL DIRECT CANDIDATE SUPPORT -- NON-FEDERAL

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

1. PRESIDENT ☐ (1 POINT)2. U.S. SENATE ☐ (1 POINT)3. U.S. CONGRESS ☐ (1 POINT)

4. SUBTOTAL -- FEDERAL (ADD 1, 2, AND 3)

5. GOVERNOR ☐ (1 POINT)6. OTHER STATEWIDE OFFICE(S) ☐ (1 OR 2 POINTS)7. STATE SENATE ☐ (1 POINT)8. STATE REPRESENTATIVE ☐ (1 POINT)9. LOCAL CANDIDATES ☐ (1 OR 2 POINTS)10. EXTRA NON-FEDERAL POINT .. ☐ (1 POINT)

11. SUBTOTAL -- NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10) ..

12. TOTAL POINTS (LINE 4 PLUS LINE 11)

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12

NUMBER OF
POINTS

RECEIPT SCHEDULE H3

TRANSFERS FROM
NON-FEDERAL ACCOUNTS

PAGE	OF
1	1
FOR LINE 18	
Total Amount Transferred	

NAME OF COMMITTEE

NAME OF ACCOUNT

DATE OF RECEIPT

BREAKDOWN OF TRANSFER RECEIVED

Admin/Voter
Drive Amount

Direct Fund-
raising Amount

Exempt
Activity/Direct
Candidate
Support

i) Total Administrative/Voter Drive

ii) Direct Fundraising (List Events-Amount)

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct . .

iii) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Exempt
Activity/Direct Candidate Support . . .

NAME OF ACCOUNT

DATE OF RECEIPT

BREAKDOWN OF TRANSFER RECEIVED

Admin/Voter
Drive Amount

Direct Fund-
raising Amount

Exempt
Activity/Direct
Candidate
Support

i) Total Administrative/Voter Drive

ii) Direct Fundraising (List Events-Amount)

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct . .

iii) Exempt Activity/Direct Candidate Support
(List Events-Amount For Each)

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Exempt
Activity/Direct Candidate Support . . .

Totals for Breakdown of Transfer Received

Admin/Voter
Drive Amount

Direct Fund-
raising Amount

Exempt
Activity/DCS

SUBTOTAL THIS PAGE

TOTAL THIS PERIOD

- 0 -

- 0 -

- 0 -

- 0 -

- 0 -

- 0 -

- 0 -

- 0 -

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i> PREPARER	<i>1-30-00</i> DATE PREPARED